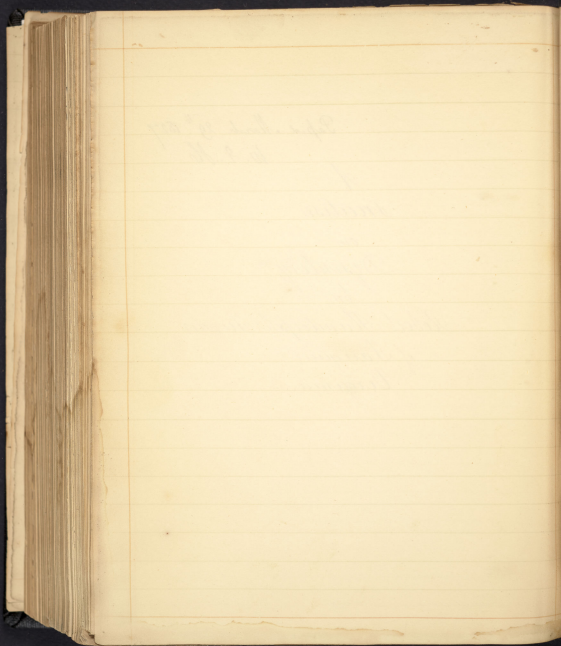


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W. L. H.

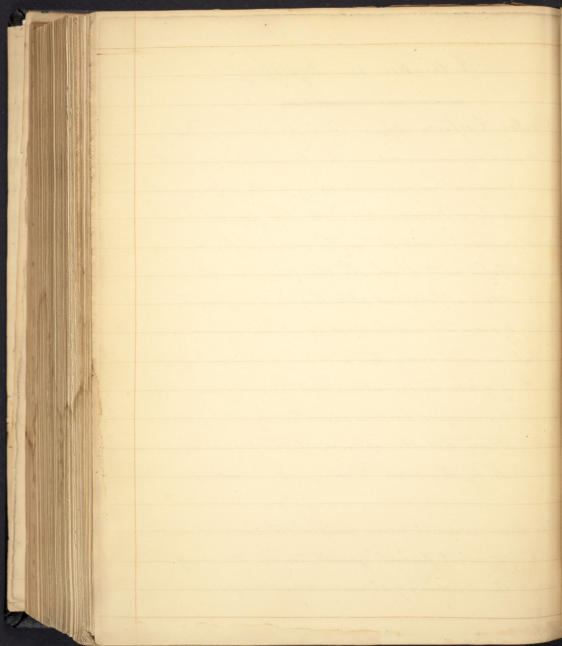
A
Treatise
on
Dysentery,
by
Robert Randolph Turner
of Fauquier,
Virginia.



A treatise on Dysentery.

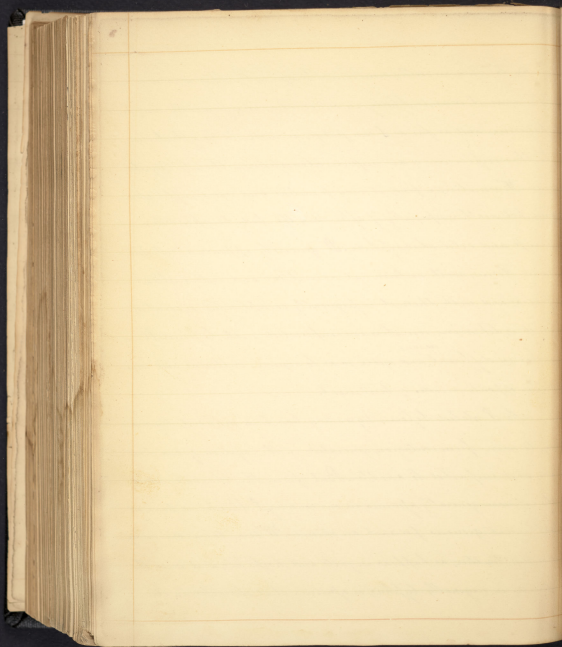
Doctor Cullen defines this disease to be "One of a contagious nature, in which the patient has frequent mucous evacuations, accompanied by much griping, and followed by a tenesmus; the stools altho frequent, being small in quantity, and the matter voided, chiefly mucous, often streaked with blood. At the same time, the natural feces seldom appear; and when they do, it is generally in substances of a compact and hardened form." This definition is perhaps as correct as any other, with one exception;—I allude to its being of a contagious nature. That Dysentery may be propagated by contagion, has been advocated by some of our most able writers; still the opinion, at the present day, is not decided to, by the most thinking and judicious practitioners.

The disease is much more incident to warmer climates, than cold ones; it prevails generally, towards the end of summer, or the beginning of autumn, continuing from about six



weeks to two months, sometimes longer. At this season of
the year, it is undoubtedly in our country, very frequently an
epidemic, and as far as I can judge, is more to be attributed
to the influence of an impure atmosphere, than to any other
cause. We sometimes find it very prevalent and severe, after close
and hot weather, especially if after this, the body be exposed to a
damp and cold atmosphere. It generally appears about the
same time, with autumnal remittent and intermittent
fevers; and with them it is frequently complicated or combin-
ed, it is likewise, sometimes complicated with typhus. It
varies in different ^{seasons} and years so as to require different, and some-
times opposite modes of treatment.

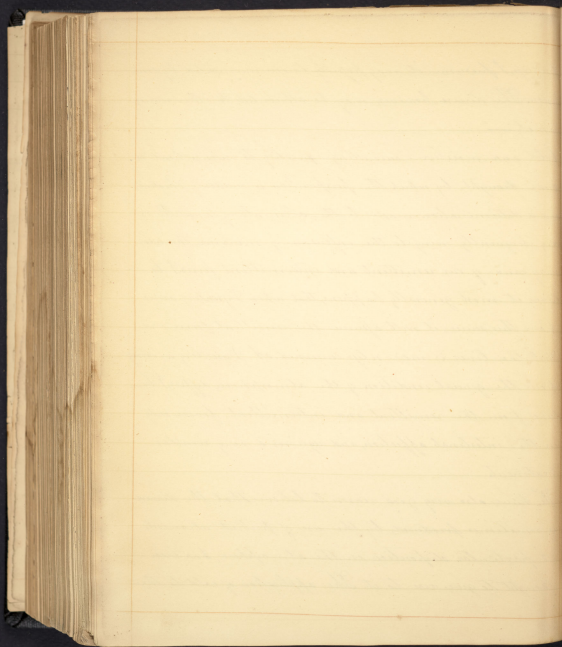
As I stated before, Typhus has been supposed, by many
to arise from contagion, generated in the system of one per-
son and imparted to another. But from this character, which
the disease generally assumes, in our country, I think we have no
sufficient grounds for such an opinion. Where there are many
crowded together, as happens in jails and hospitals, and when the
disease is originally typhus, or assumes that character in its



progeny, & presume it may possibly be communicated by con-
tact. The disease however, may be attributed to other sources
namely—

Cold and moisture succeeding quickly to intense heat or
great drought, by which the perspiration is suddenly checked,
and a determination made to the alimentary canal. It is
very frequently owing to the influence of miasma, the ori-
ginal cause of our remittent and intermittent fevers. I be-
lieve it most generally happens, that when Dysentery arises
from this source, it will assume the remittent form, and
that the liver is more or less concerned. A Dysentery arising
from the general condition of the atmosphere, differs I be-
lieve, from the remittent and intermittent fevers, only
in the intestinal affection, and requires a very similar
treatment.

We have also very good reason to believe, that the disease
is sometimes produced, by the use of putrid aliment.
A particular disposition in the atmosphere, has been
thought to give rise to it. The application of cold to the

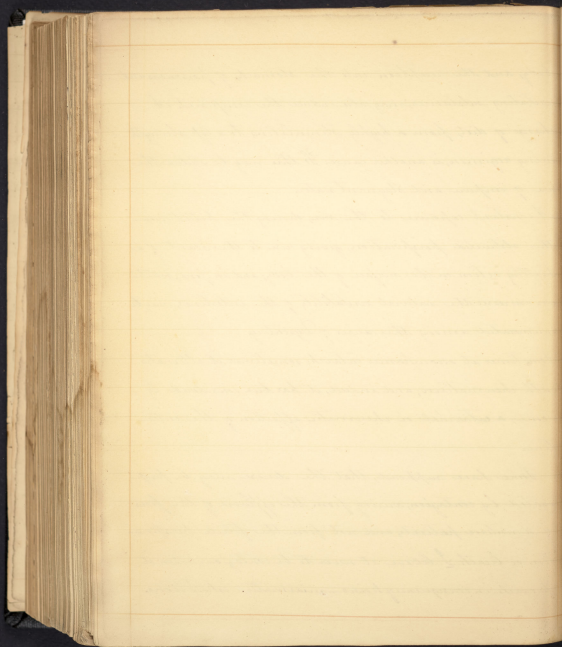


body, and the reception into the stomach, of poisonous and irritating substances, may also induce the complaint. A change of diet, from a highly stimulating to a less strengthening regimen, is another cause. To this may be added the use of impure and stagnant water.

A constant exposure to the sun, during the hottest weather, obstructed perspiration, giving rise to the want of a healthy action on the surface of the body, and, in fine, whatever increases the natural irritability of the intestines, may be enumerated among the causes of Dysentery.

Sometimes it accompanies catarrh; sometimes it alternates with rheumatism; and indeed, it has been considered by some, a catarrhal or rheumatic affection of the intestines.

Some have supposed, that the disease may be propagated by contagion, arising from the effluvia of the feces of dysenteric patients, and not from the febrile perspiration, or breath. I believe it never to be contagious, when it prevails in consequence of hoine-miasmatic exhalations.

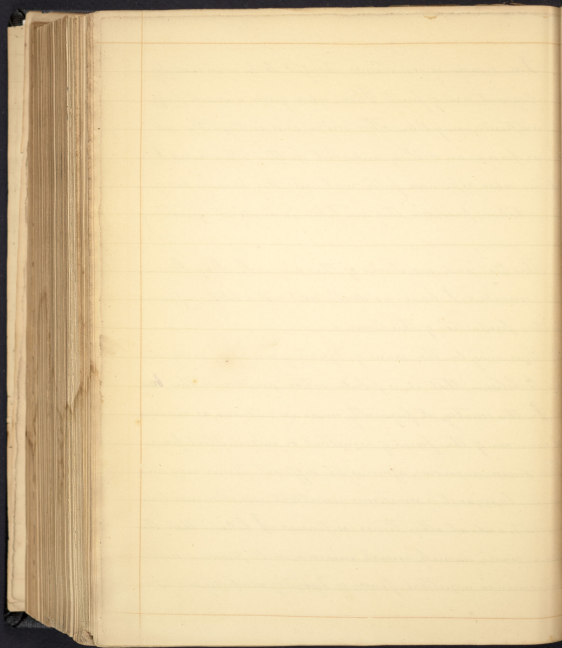


The disease is sometimes thought to be occasioned, by
the frequent use of fruit. These, when green and not pro-
perly matured, may like other crude and indigestible sub-
stances, prove an exciting cause, but on the other hand, I
believe, when ripe and fully matured, they have no bad ef-
fect whatever, provided they are taken in moderate quanti-
ties.

The heat and moisture of the air, as Sir John Pini-
er remarks, I have no doubt, exert not a little influence
in the production of this disease.

Whatever may be the cause of Dysentery, we have every rea-
son to believe, that it is febrile action, directed to the bow-
els. In this country, it frequently occurs in autumn, as vicarious
of some one of the forms of remittent or intermittent fever.

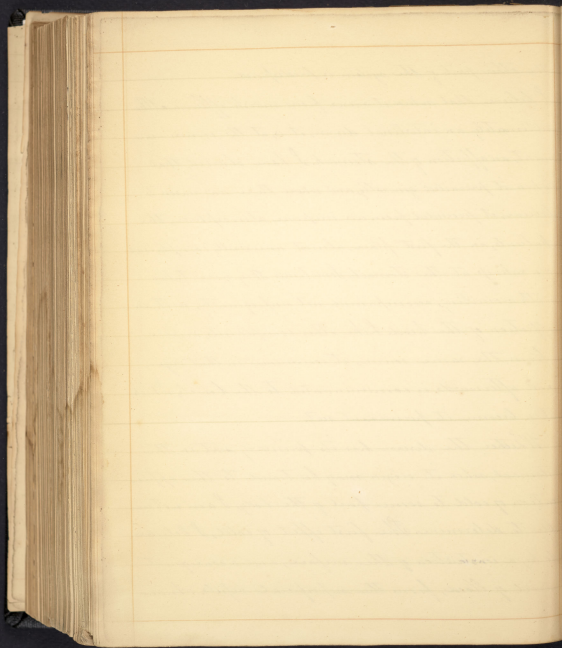
The disease, moreover, assumes at different times, very dif-
ferent types, as it is sometimes remittent, sometimes inter-
mittent, and at other times continued. I believe that the
same cause, namely, marsh miasma, will produce either
the common remittent fever, or Dysentery, accordingly, as one, or



the other part of the system is predisposed.

I believe that when it arises from marsh effluvia, although ultimately an intestinal disease, it is, at the commencement, an affection of the stomach. I have observed, that when it prevailed generally, and where there was reason to believe, it proceeded from an impure atmosphere, the patients, in the first place, almost universally complained of a sickness at the stomach. Sometimes they were taken with vomiting, accompanied not infrequently, with an affection of the head. Like other complaints, arising from the same source, it commences in that organ, and afterwards, is communicated to the bowels, which then become its permanent seat.

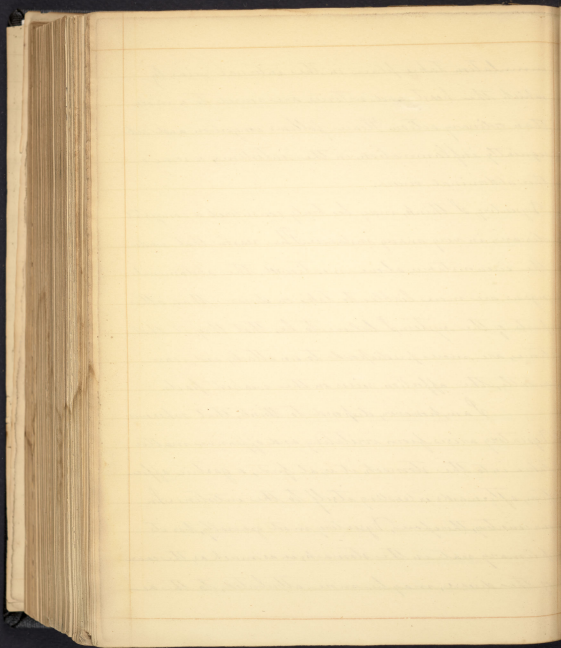
Whether the disease has its primary seat in the stomach, when its origin may be traced to the application of cold to some part of the body, I am not able to determine. The first effect of cold, I believe to be, a contraction of the surface, and a consequent recoil of blood, from the superficial vessels. Anae-



circulation takes place in the internal veins, by which the heart and arteries, are roused to a more than ordinary action. Hence follows congestion, and subsequently inflammation, in the intestines, or some other abdominal viscus.

Dysentery, I think, may be truly considered a congested disease, in very many instances. The reason that under the circumstances, above mentioned, the abdominal organs are more liable to take on disease, than other parts of the system, I believe to be, that they, at that time, are more predisposed to an attack; and, consequently, the affection rises on the weakest parts.

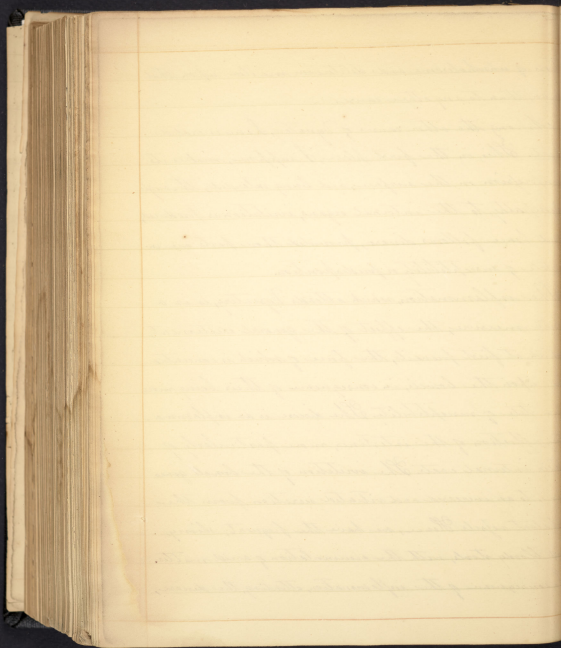
I am, however, disposed to think, that whenever dysentery arises from irritating and offensive matter taken into the stomach, it is, at first, a gastric affection, afterwards extending itself to the intestines. In our country, therefore, dysentery more generally, has its primary seat in the stomach; in as much as, the cause of the disease, may be more attributed, to the ac-



of unwholesome and deleterious matter upon that
can, than to any other cause.

Among the other causes of Dysentery, I enumerated
etc. This, in the first place, I suppose, makes its
impression on the surface, and being extended, through
sympathy, to the internal organs, irritation is produced,
and hence follows disease, provided those parts are in
a state of susceptibility or predisposition.

The inflammation, which attends Dysentery, is in a
great measure, the effect of the general excitement,
which, at first prevails, the force of which is concentra-
ted upon the bowels, in consequence of their being more
in a state of susceptibility. The disease is an inflamma-
tory affection of the intestines, more particularly of
the internal coats. The irritation of the bowels gives
rise, to an increased and vitiated secretion from the
latent vessels. Hence, we have the frequent, slimy,
and bloody stools, with the accumulation of acrid matter
in consequence of the inflammation, attending the disease,

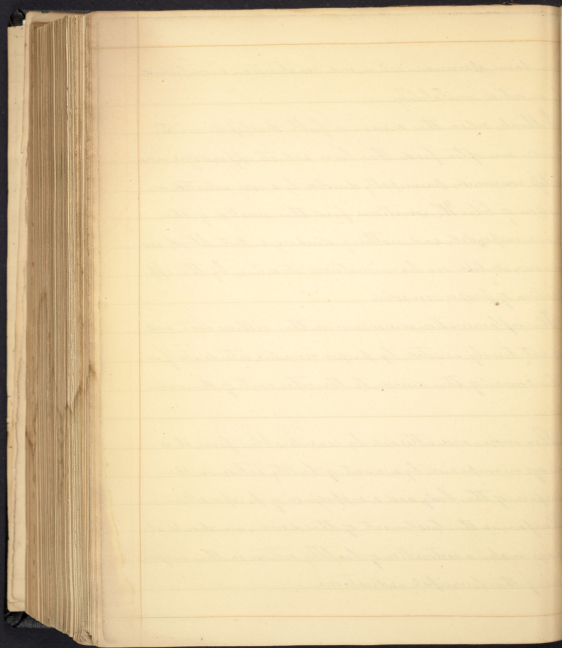


have spasmodic action and constriction, accompanied
morbid irritability.

I think, when the disease is fully developed with
fever, we often find the liver and its appendages, more
or less concerned; principally denoted by a very irritated se-
cretion of bile. We sometimes find the secretion of this
suspended, and nothing discharged but blood and
mucus, untill we have restored its action, by the app-
lication of proper remedies.

The inflammation commences in the villous coat, and
if not timely arrested, by proper remedies, extends itself, in
the course of the disease, to the other coats of the inte-
stines.

When severe, and attended by considerable fever, it is
always accompanied, by a want of healthy action on the
surface of the body, and a suppression of perspiration.
Therefore, in the treatment of the disease, we should al-
ways make a restoration of healthy action, on the surface,
one of the principal indications.

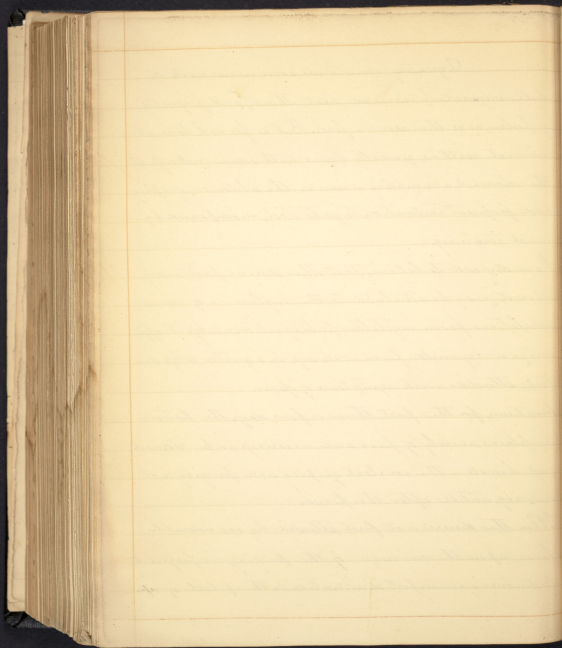


Dysentery sometimes commences with a chill, succeeded by increased heat, thirst, and frequency of pulse, as is the case in fever. But as far as I have observed, it with us, generally begins with some sickness at the stomach, a rumbling noise in the abdomen, griping, and frequent inclination to go to stool, accompanied by much straining.

I am disposed to believe, that the disease, particularly when it may be attributed to the influence of noxious exhalations from vegetable putrefaction, unless it appears in a very mild form, is always, in a greater or less degree, attended with symptoms of fever.

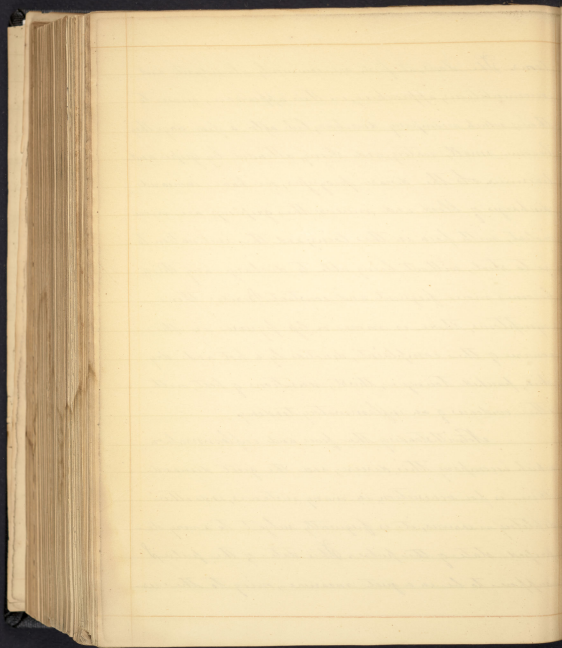
Sometimes, for the first three or four days, the patient complains sorely of pain and uneasiness in his stomach and bowels—the constant griping and purging not ceasing, untill after this period.

When the disease is at first attended by considerable fever, upon the occurrence of the purging, we frequently discover a manifest diminution in the febrile symp-



tion. The stools, at first, are commonly abundant and succulent, approaching, in their appearance, more to those which accompany diarrhoea; but after a few days, they become small, watery, and slimy, attended by gripes and tenesmus. As the disease progresses, we have increased discharges of blood and mucus; the gripings are more violent, with pain in the loins; and the inclination to go to stool, without being able to discharge any thing, becomes more frequent and constant. Besides these symptoms, there is more or less pyrexia in the course of this complaint, denoted by a hot and dry skin, parched tongue, thirst, sensations of heat, with other evidences of an inflammatory tendency.

Notwithstanding the fever and inflammation which accompany this disease, and the great demand there is for venesection, in many instances, and other depletory measures, it is frequently subject to a very depressed state of the pulse. This state of the pulse, I suppose, to be in a great measure, owing to the res-

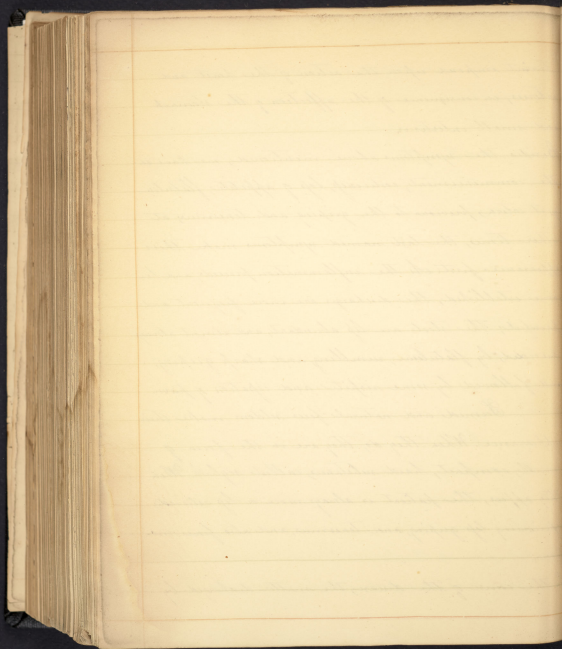


traint imposed upon the action of the heart and arteries, in consequence of the affection of the stomach and small intestines.

Besides the symptoms above mentioned, we have in the commencement, costiveness, loss of appetite, flatulency, at times, previous to the griping and tenesmus; at other times, the last named symptoms make their appearance first; as the inflammation proceeds, and becomes established, the discharges are more frequent and painful; the stools are less abundant, and almost always preceded, by flatulency, rumbling and sharp griping, and followed by some respite and cessation of pain.

Formed and natural feces seldom make their appearance. When they do, they are in the form of small, compact, hard substances, called scybala. When they appear, the patient is always more or less relieved, experiencing less griping, and tenesmus, and also fewer motions.

In the course of the disease, the matter discharged by

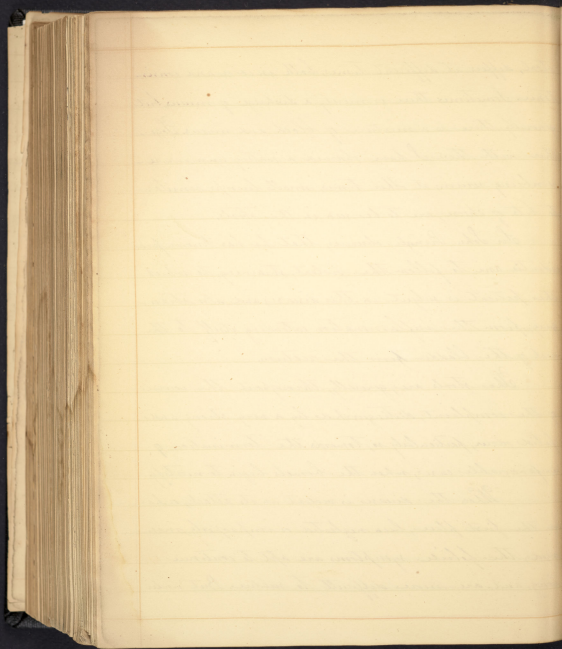


stools, differs at different times, both in color and consistence. Sometimes there is merely a discharge of mucus, but generally there is a mixture of blood and mucus. Together with these, I have observed a watery humour resembling serum; at other times, small lumps, similar to bits of cheese, are to be seen in the stools.

Sir John Pringle observes, that he has known prostatica arise to follow the violent, straining, to which the patient is subject in this disease; and also straining, from the inflammation extending itself to the neck of the bladder from the rectum.

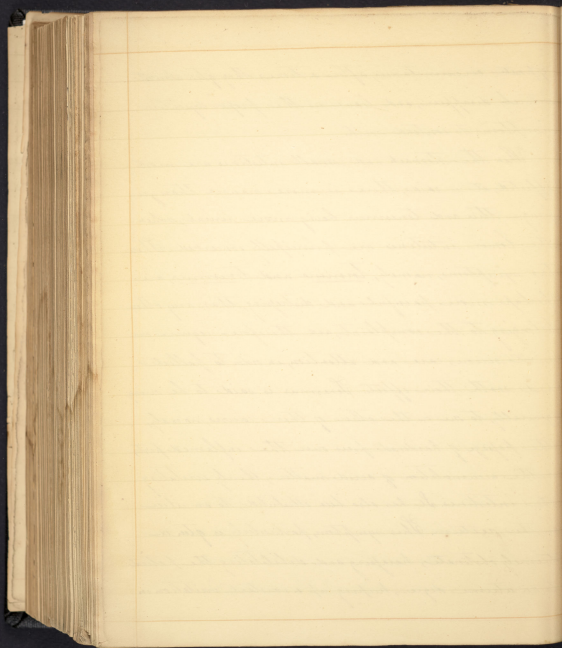
The stools are, generally, throughout the course of the complaint, distinguished by a very strong and fetid odour, particularly so, towards the termination of unfavourable cases, when the bowels begin to mortify.

When the disease is violent in its attack, or has in the first place, been neglected or improperly managed, the febrile symptoms are apt to continue long, and are more difficult to subvert. But under



opposite circumstances, after a time, they often almost entirely disappear, and leave us the proper dysenteric symptoms to contend with.

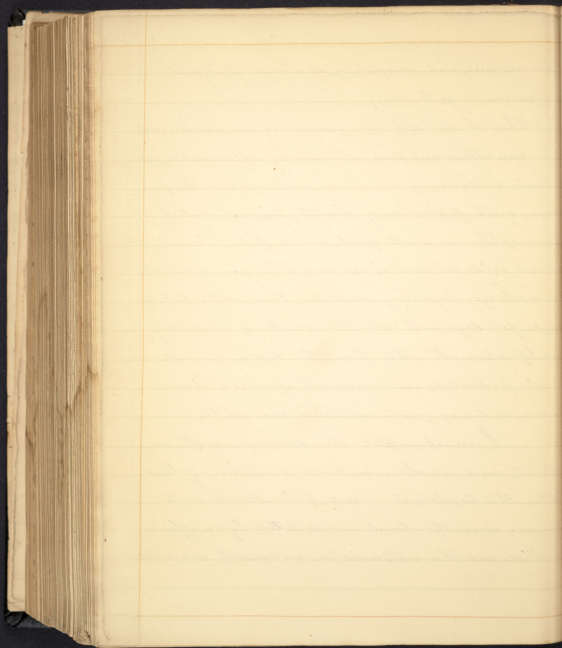
When the stomach and small intestines are most affected, it is said, there is more nausea than griping—this and tenesmus being more usual, when the lower intestines are principally concerned. These two symptoms, namely, tenesmus and tenesmus, are perhaps more painful and distressing, than any other belonging to the complaint, and therefore require our most serious care and attention, in order to palliate and soothe their effects. Tenesmus is said to be owing generally, to one or the other of these causes, namely, the passage of hardened feces over the inflamed parts, or the accumulation of acrid matter, thereby irritating the intestines. It has also been attributed, to an ulcer in the rectum. This symptom, particularly, is often extremely obstinate, keeping and debilitating the patient to an extreme degree, keeping up a constant irritation in



the rectum, and consequently, an almost continual
impulsion to go to stool.

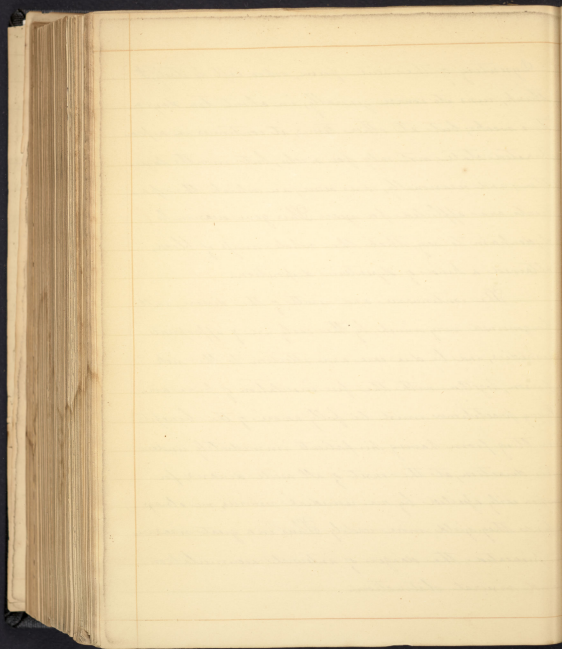
When it has not been arrested by our remedies, and
the symptoms run high, attended by inflammation, and
violent irritation of the bowels, with considerable py-
rexia, great prostration of strength, hiccough, violent
scurgy, aphthae, a small quick corded pulse, clammy
sweats, cold extremities, and very fetid and involuntary
discharges, Dysentery sometimes terminates fatally
in a few days, with all the marks of supervening
putrefaction. At other times the disease is much
more protracted, and occasionally assumes a chronic
form, inducing great emaciation and debility.

I remarked that the discharges, in this com-
plaint, were sometimes without a mixture of blood.
When this happens, it is said to be attended with
danger, since the bowels are depleted by an effusion
of blood, and the inflammation consequently diminish-



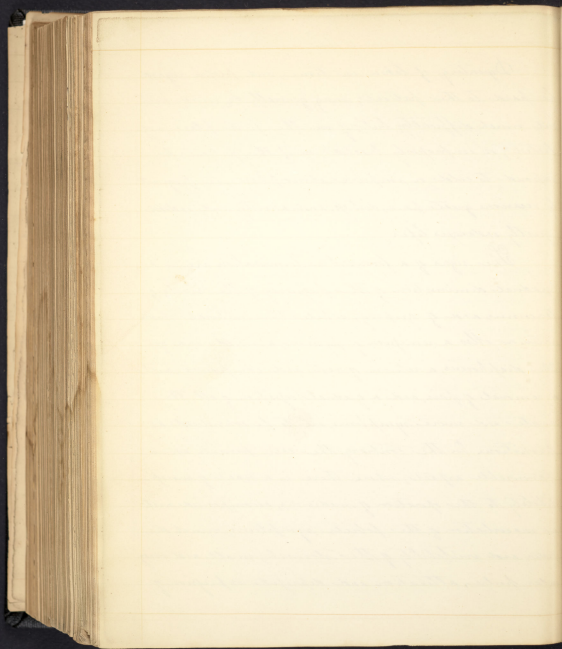
Dysentery of the acute form, when left to itself, I think, runs its course generally, in about ten days or two weeks; but at other times, it continues in a protracted state, not only for weeks, but months together; and occasionally, cases occur, in which the patients are afflicted for years. This gave occasion to Sydenham to say, that the whole mass of blood, obtained a kind of dysenteric disposition.

The continuance and result of the disease, will be governed very much, by the early use of appropriate remedies, and by due care and attention to the sick person, together with the free circulation of pure air. Every practitioner must be fully aware of the benefits resulting from having his patients immediately under his direction, at the onset of all acute diseases; for when early aided by our remedial resources, we always find they yield more readily. Thus, in a great measure, is prevented, the danger of intestinal accumulation and visceral obstructions.



Dysentery, if taken in time, and proper regard
be paid to the patient, may generally be cured with-
out much difficulty; but, if in the first place neg-
lected, or improperly treated, or if the patient be
exposed to cold or impure atmosphere, it frequently
occasions great pain, distress, and anxiety, and indeed
greatly endangers life.

The signs of a favourable termination are — a
gradual diminution of the frequency of the stools, of
tremor, and of griping, while the natural stools
return, also a remission of pyrexia, a mild and gen-
tle diaphoresis, a return of rest and composure, with
removal of pain, and a gradual cessation of all the
acute and severe symptoms, are to be considered as
propitious. On the contrary, the case presents an un-
favourable aspect, where there is a want of suscep-
tibility to the operation of medicines, accompanied with
an exacerbation of the febrile symptoms, much dis-
order and irritability of the stomach, small and irreg-
ular pulse, attenuation and dejected expression of

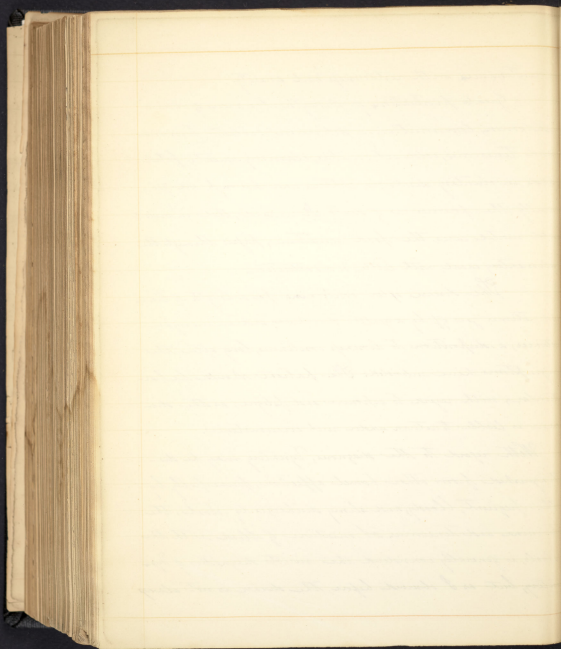


countenance, with restlessness and anxiety.

Great prostration of strength, tension of the abdomen, low muttering delirium, violent tremors and tenesmus, cold extremities, claming mucus, fetid and involuntary discharges, aphtous and hiccup, are generally the forerunners of death. It is said, that in violent or mortel cases, the food, sometimes, passes through the alimentary canal, with little or no alteration.

The disease after continuing for a length of time, sometimes goes off by a gentle diarrhoea, and in many instances, a disposition to loose continues, long after the symptoms have subsided. The patient should be particularly with regard to exposure and fatigue, as the disease is liable to return under such circumstances.

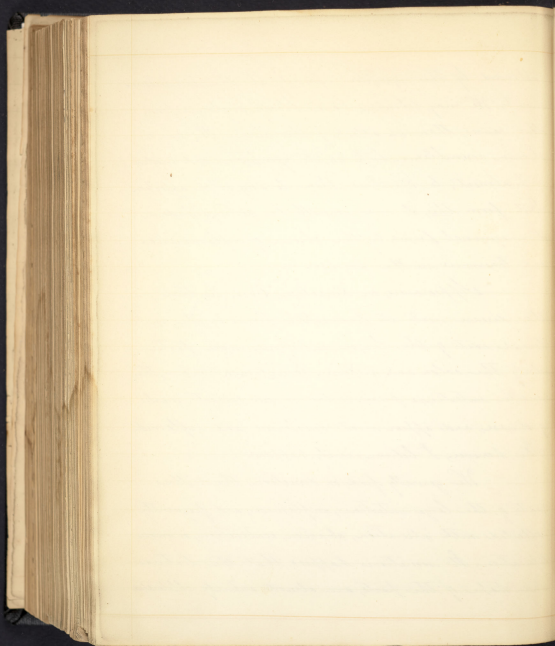
With regard to the diagnosis, Dysentery may be distinguished from other bowel affections, principally by the frequent, bloody, and slimy discharges by stools, the tenesmus and tenesmus, or mixture of blood with the stools, is generally considered the most diagnostic of Dysentery, but as I observed before, the disease is not always



attended by their symptoms, especially at the commences-
ments. We may, likewise, have bloody discharges from
the cause, than an attack of this disease. It has a
stronger resemblance, both in its symptoms and mode
of treatment, to dysentery, than to any other affection.
But from this, it may generally be distinguished, in
its irregular forms, by the absence of inflammation
and tenderness in the former.

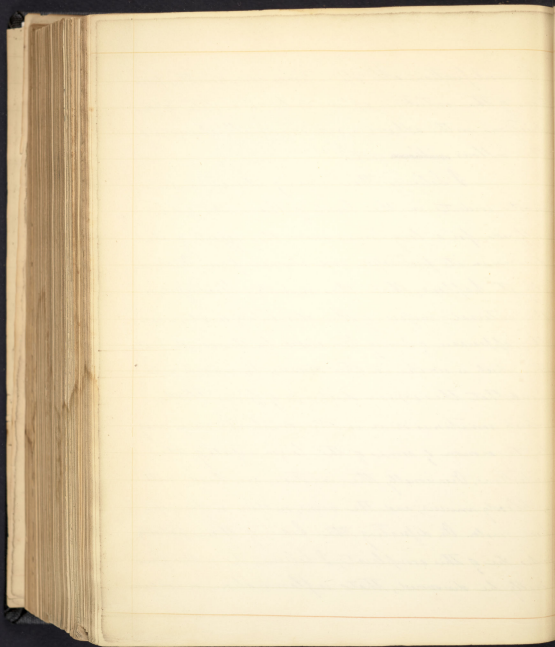
Appearances, on dissection, teach us, that
the disease werts its principal force on the in-
ternal coats of the large intestine, more particu-
larly the colon and rectum. Sometimes, however, the
smaller intestines present the most evident marks
of disease, and appear most discoloured and inflamed.
This, however, I believe, rarely happens.

We generally find, on dissection, the villous
coats of the large intestine, inflamed, and frequently
affected with ulceration, abscess, contraction, or mor-
tification. It sometimes happens, that the texture
and shape of the parts, are almost entirely obliterated



by mortification. At other times, considerable portions of the intestines appear to be in a state of constriction, with adhesions, and occasionally abrasions of the villous ~~epithelium~~ coats.

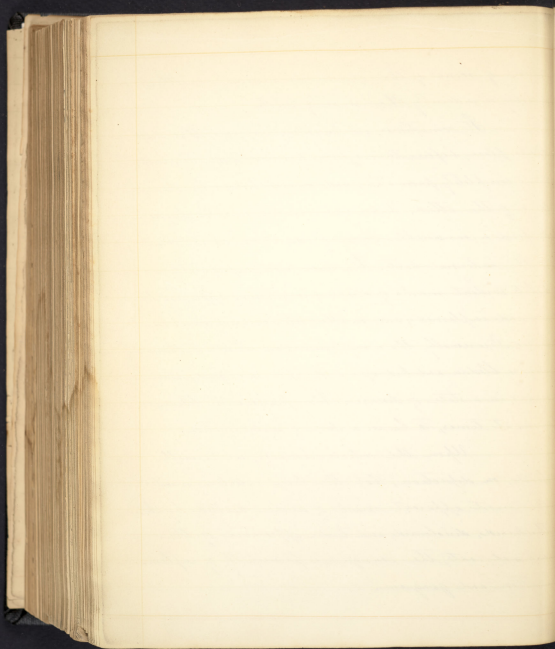
I believe that signs of ulceration are most evident in the bowels of those, who have suffered, for a long time under the effects of the disease, in its protracted and chronic form. Occasionally it happens, that the minute bloodvessels, on the internal surface of the alimentary canal, near the appearance of having been eroded by the acrid matter, which is secreted in this disease. Sydenham supposed that the copious discharges of pure blood, which sometimes occur in this complaint, were owing to the erosion of some of the larger vessels of the intestines. Occasionally, the intestines are lined with a bloody mucus; and the veins, on their surface, appear swollen. On dissecting the bodies of those patients, who die of this complaint, I believe, it will generally be discovered, that inflammation, or conges-



tion of some of the abdominal viscera, was either directly or indirectly the cause of death.

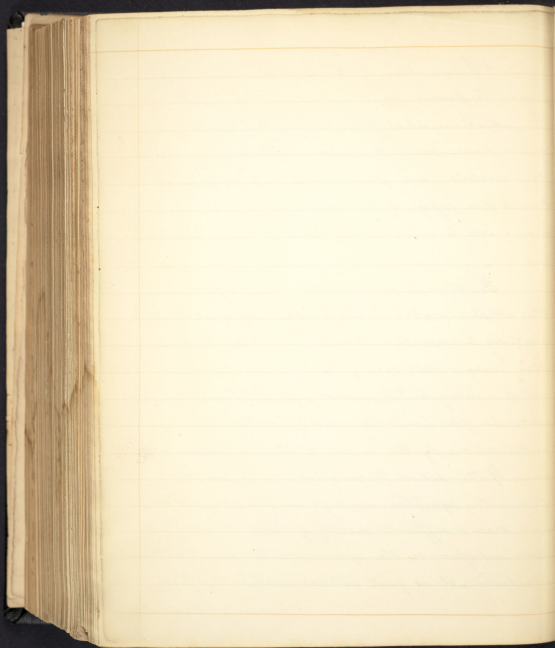
It sometimes, in Dysentery, happens, that death takes place, before the system has had time to react, being completely prostrated, and overwhelmed by the violence of the attack. Under such circumstances, we frequently find a considerable degree of congestion about some of the internal parts. The liver not unfrequently exhibits evident marks of disease; sometimes appearing tender and inflamed; and on other occasions very much enlarged. Occasionally, the inflammation extends to the urinary bladder and kidneys - and then, we find these organs in a state of disease. The peritonæum, likewise, seems at times, to be in a state of inflammation.

Upon the whole, however, we generally find, on dissection, that the large intestines manifest the most apparent marks of disease, denoted by the thickened, discoloured, and tender appearance of the internal coats, the consequence principally, of inflammation and gangrene.



I now come to the method, which it is proper to pursue in the treatment of Dysentery. The indications, which present themselves, in the cure of this disease are—to remove inflammation, with the irritation and spasm consequent to it; to obtain a free passage of the contents of the alimentary canal; and to restore to the skin its usual healthy action.

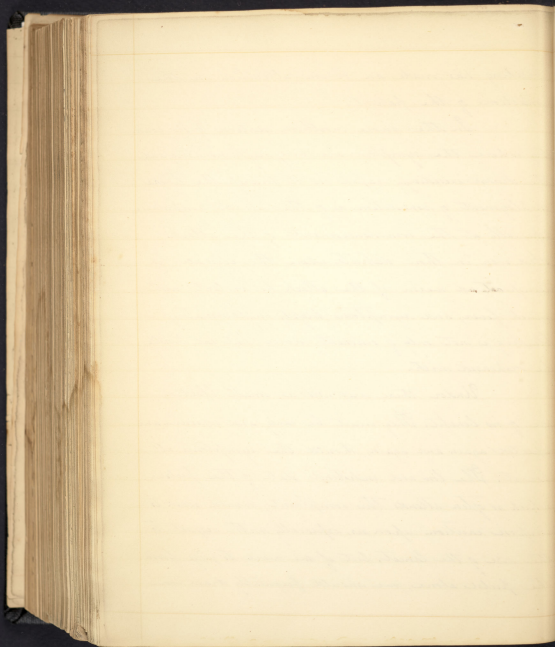
In the purpose of removing this affection, when the attack is violent, I think no remedy equal in point of efficacy to venesection, promptly employed. It is true, that many violent cases of Dysentery, have been cured without resorting to this method; yet I believe, that the disease has often terminated fatally, in its more severe modifications, by the neglect of this important measure. If the patient be young and vigorous, and the inflammatory symptoms run high, we should on our first visit, draw a sufficient quantity of blood, to make a decided impression on the system; and the operation should be repeated, at no great interval, unless the first



bleeding has made an obvious alteration in the condition of the patient.

In the more northern sections of our country, where the symptoms are very inflammatory, and the disease exceedingly rapid in its progress, the liberal employment of venesection is of the almost imperative, especially at the commencement of the attack. And even in those districts, where the climate is temperate and warm, if the attack be violent, with much fever, and symptoms highly inflammatory, bleeding is not only of eminent service, but can hardly be dispensed with.

Under these circumstances, small bleedings are of no benefit. They must be early and copious - and repeated again and again, should the symptoms call for it. The low and indistinct state of the pulse, which so often attends this complaint, would seem to impose caution upon us, especially with respect to the use of the lancet, but if we were to judge from the pulse alone, we should frequently draw in -

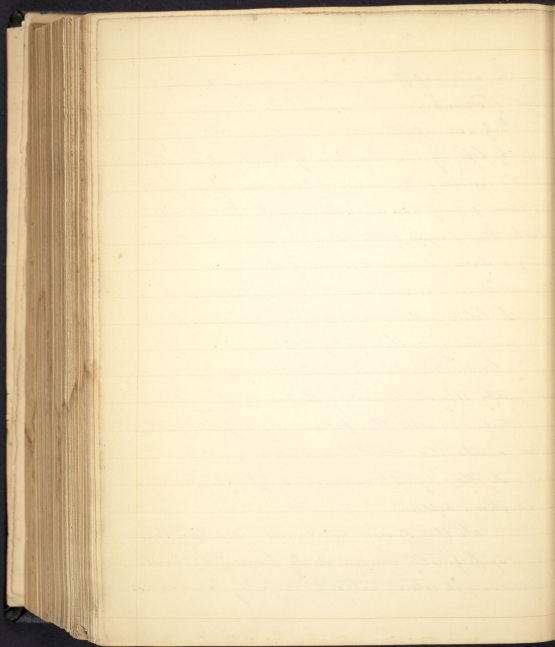


proper and unfortunate conclusions in the treatment of Dysentery.

Early and repeated venesection, produces its good effects, by lessening the violence of the bowel affection, and by increasing the susceptibility of the system to the operation of purgatives and other remedies. It not only checks the progress of the disease, but prevents the danger of a chronic disorder, supervening the acute one. When the attack is vehement, and the disease rapid in its progress, I believe there is no remedy, which acts so promptly in diminishing inflammatory action.

Circumstances however sometimes occur, which would not justify the employment of this remedy, at least to any extent. — as, when the patient is of a feeble, debilitated, or exhausted constitution, or where great prostration, and other symptoms denote a typhoid tendency, as sometimes happens.

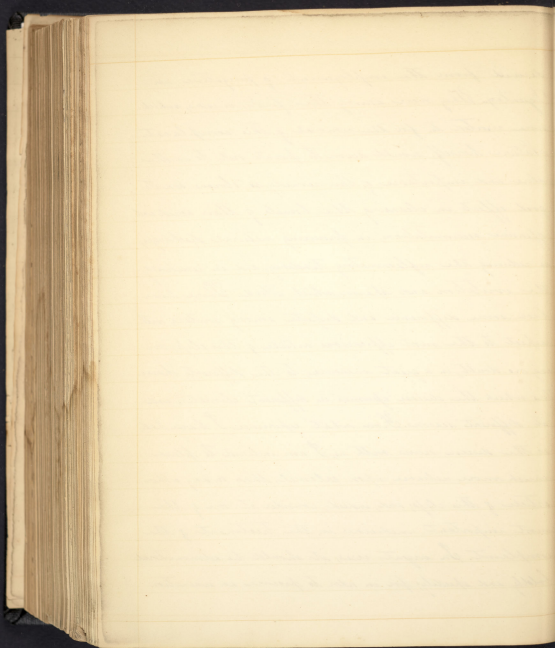
As the disease occurs in the southern States, we may frequently remove it by purging, diaphoretic, mercury & cetera, without recurring to venesection.



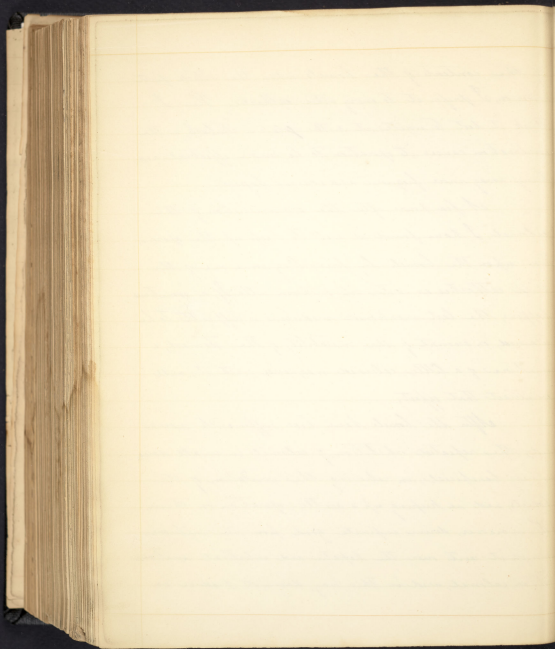
at all. This, however, should by no means prevent our using it, whenever the necessity of the case may seem to require it.

Where there is much nausea, and foulness of the stomach, I believe that the early exhibition of an emetic, is very beneficial, as it operates by relieving that organ, of its offensive and irritating contents; and also assists in the evacuation of the contents of the bowels, when followed by a cathartic.

Speacchuanka and *Tartar emetic*, either alone, or in combination, are generally employed for this purpose. Their operation is to be promoted, by drinking warm water or chamomile tea. It is stated by Cullen and Purgel, that emetics are most successful, when they operate, likewise, by stools. Of this I know nothing, never having administered them with that intention. A combination of an emetic with a cathartic, is sometimes very useful, in evacuating the contents of the bowels, and breaking up the spasm, which exists in them. All authors agree in the vast utility, which may be



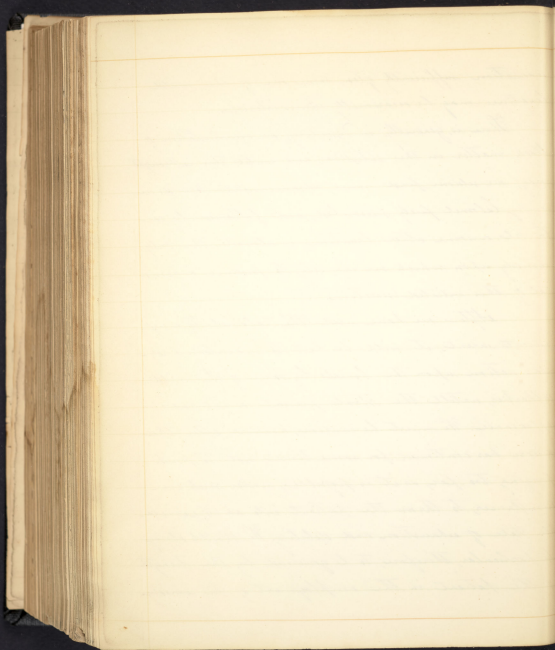
derived from the employment of purgatives in
Typhoid. They were among the first means, which
were resorted to for the removal of this complaint.
Nature herself, would seem to point out to us the
value and importance of this remedy, so obvious are its
good effects in cleansing the bowels of their acid and
offensive accumulations, in procuring natural discharges,
in reducing the inflammatory tendency, and in removing
the irritation and spasm, which attend. ³⁰ There have
been some differences and dispute among writers, with
respect to the most efficacious article of this class; ow-
ing no doubt, in a great measure, to the different charac-
ters, which the disease assumes in different climates, and
at different seasons. From what experience I have had,
as the disease occurs with us, I am inclined to place
much more reliance upon calomel, than on any other
article of this class; and, indeed, consider it one of the
most important medicines in the treatment of the
complaint. In urgent cases, it should be administered
boldly and speedily, for in order to procure an evacuation



of the contents of the bowels, when the attack first
comes on, I prefer it to every other cathartic. Hence, I
think it best to unite it with glass or rhubarb, as the
combination causes its operation to be more effectual, and
brings away more frequent and copious passages.

A few hours after the administration of the
calomel, I have found it well to keep up the opera-
tion upon the bowels, by prescribing some one of the
mild cathartics, as castor oil or sperm salts. If, as sometimes
happens, the last mentioned medicine is difficult to be
retained, on account of the irritability of the stomach, a
mixture of a little calcined magnesia with it, will
counteract that effect.

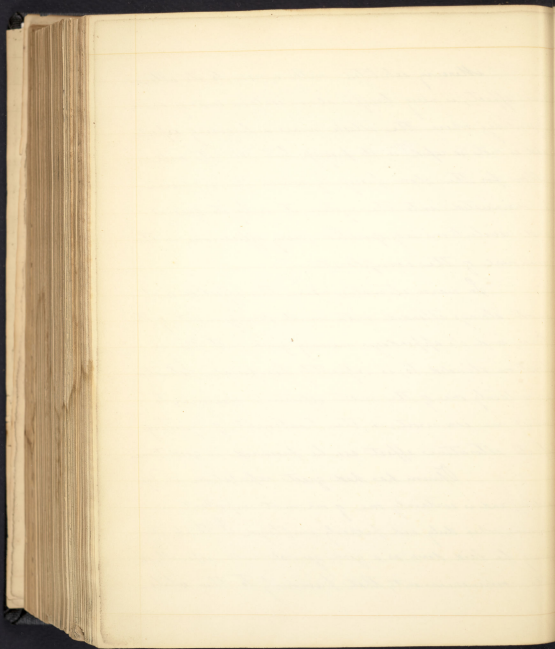
After the bowels have been sufficiently evacua-
ted, the repeated exhibition of calomel in small doses,
is very beneficial, in relieving the irritation of the
bowels, and in keeping up a gentle operation on them.
We moreover, derive infinite good, from the influence
which it exerts over the hepatic and intestinal secretions.
When calomel, used in this way, does not produce an



vacuation sufficiently open, some one of the mild laxatives may be occasionally administered.

There is, generally, in Dysentery, an accumulation of black matter in the intestines; and until this is brought away, we seldom find much advancement towards recovery. Calomel freely prescribed, and followed by castor oil, or some other laxative, is almost the only remedy upon which we can rely, to produce a removal of this vitiated secretion.

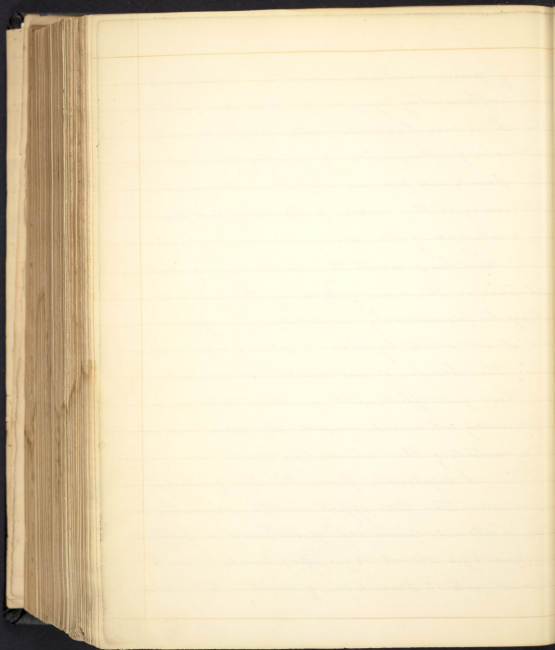
After we have used the calomel to a sufficient extent, it will be best to maintain a regular action upon the bowels by some of the mild cathartics, untill the stools present a natural appearance. We must be cautious, however, after the disease has continued for some time, not to push purging too far, as it is possible, under such circumstances, to throw the patient into an irrecoverable state of exhaustion and debility. We should always be particular, therefore, to be governed by the strength of the patient in the employment of this remedy.



Mercury exhibited with a view to its alterative effect, is very beneficial in certain cases of acute Dysentery, where the attack bears a lingering aspect, and is not so rapid in its progress, but that it will allow for the slow process, by which this medicine is insinuated into the system, it is, by its general and revolutionizing operations, very efficacious in the removal of the complaint.

In warm climates, where this affection is almost always attended with much derangement of the liver and its appendages, mercury given with the intention alluded to, is infinitely beneficial. Salivation is certainly one of the most effectual measures, to which we can resort, in the treatment of Dysentery, if its alterative effect can be procured in good time.

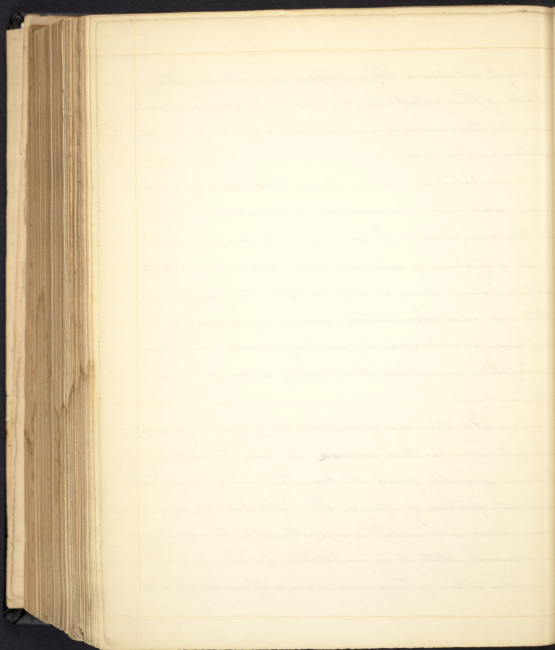
Opium has had great reputation in Dysentery, and is certainly one of our most important resources, when duly and properly employed. I think it may be laid down as a good general rule, especially in the commencement, that previously to the exhibi-



tion of opium, we should make the reduction of the inflammatory symptoms, a principal indication. It is very beneficial, when combined with calomel, for the purpose of relieving pain, assuaging the spasms, and procuring sleep. It is also useful in determining to the surface of the body, and producing a relaxation of the skin.

This brings me to the consideration of diaphoretic, in the cure of Dysentery. These should always be preceded by venesection, if necessary; and at all events, by those medicines, which evacuate the bowels - as we should not calculate on their good effects, until we have subdued inflammation, and removed the acrid and irritating contents of the alimentary canal.

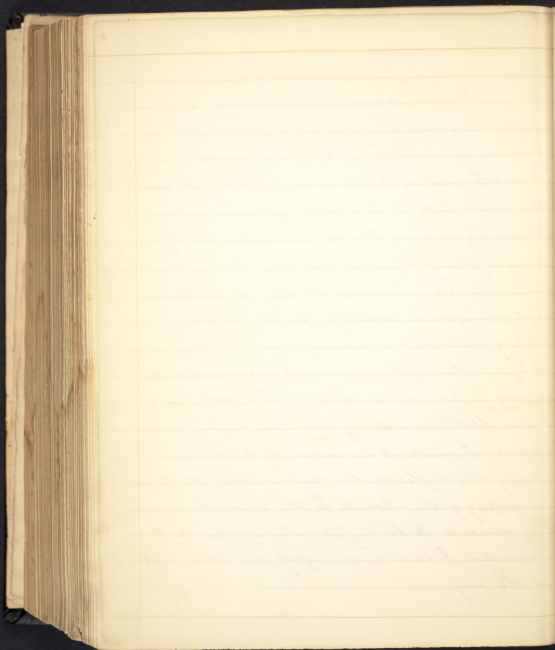
A diaphoretic, from the use of which, I have seen the best effects result, is a combination of calomel, opium, and ipecacuanha, as follows.
R. opium 6 grs. calomel 12 grs. ipecacuanha 20 grs. to be made into 12 powders, one of which is to be taken



every 2 or 3 hours. This preparation relieves the
spasm of the intestines, procures rest and composure,
and at the same time produces a moisture on the
surface of the body.

Exhibited with a view to dysphoria, tartar-
ised antimony is undoubtedly, a valuable medicine
in this complaint. I have generally combined it
with a portion of calomel and nitre, the latter
article itself, being a very considerable diaphoretic;
but even when administered alone, in nauseating do-
ses, and accompanied by diluting drinks, it is very
serviceable in restoring the healthy action of the sur-
face.

For the same purpose ipexochuacua is very +
useful; and has been prepared by some to antimony.
I have generally found it best to combine with it
a small portion of opium. The stomach, however, in
worse cases, is so irritable, especially, when the disease
is advanced, that it is impossible for the patient
to retain either of these medicines sufficiently long, to

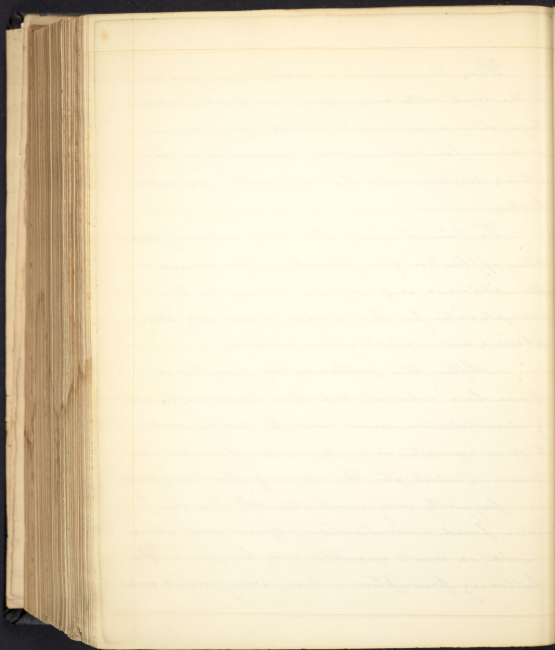


derive advantage from their salutary operation.

Under such circumstances, we must resort to
sanguines and other measures, which are calculated to
relieve the irritable state of that organ.

As auxiliary to the cure of Typhoid, I consider
the warm bath to be a most efficacious remedy.
It acts by regulating the vascular system, and by in-
ducing a flow of blood to the skin. Even in the
commencement of the attack, it may be resorted to
with the greatest advantage, for the purpose of
allaying irritation, and inducing a general perspiration.

Among the most important of our resour-
ces, may be enumerated blisters. The application of
a large blister, immediately over the surface of the
abdomen, I consider to be extremely beneficial, in
allaying the inflammation, and removing the pain
and griping of the bowels. In the advanced stages,
they are said to be useful, when applied to the
extremities. I have never myself seen them used
in this way.



When the abdomen is swollen, tense, and sore to the touch, with much pain, considerable advantage, it is said, may be derived, from the use of warm fomentations, and stimulating embrocations, together with the application of cups and leeches.

We have it from the best authority, that the application of a flannel roller around the abdomen, is of infinite service in the complaint, for the purpose of inducing diapnoesis, and supporting the intestines.

After the inflammatory symptoms have been subdued, and the bowels sufficiently evacuated, we must recur to opiate, in order to procure rest, and relieve the tormina and tenesmus, which at this stage of the complaint, are frequently very inveterate. At this stage, I have found a combination of opium and ipecacuanha, in small quantities very beneficial. The following prescription is here, a very useful one.

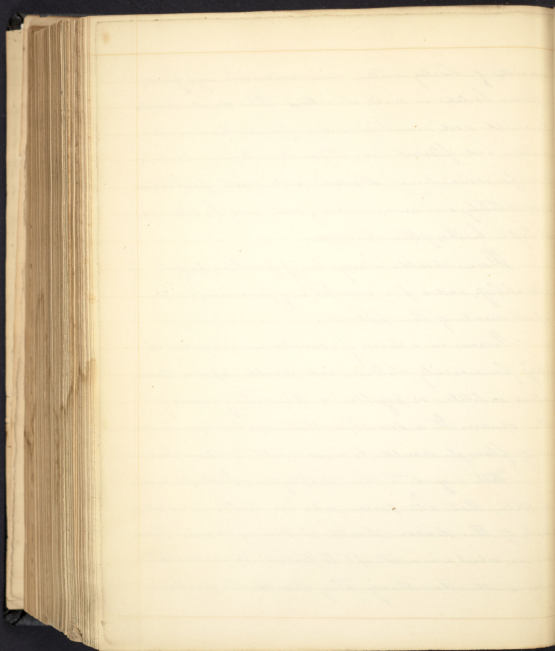
[Faint, illegible handwriting on lined paper, likely bleed-through from the reverse side.]

R^o. rhubarb 10 grs. cal. magnesia 30 grs. Lau-
danum 15 drops oil of anise seed 6 drops. loaf su-
gar 3i. Water 3iii. Dose. of dessertspoonful every
3 hours.

The best mode of exhibiting opiate, in the
last stage is perhaps by the rectum for at this
time the irritation is greater here than else-
where. I have seen a decoction of flaxseed, combin-
ed with from 50 to 100 drops of Laudanum, easily
retained and very efficacious, in relieving the pa-
tient. Used as an injection, I have likewise known
the best effects to result from the use of melted
butters perfectly fresh and free from rancidity.

We may frequently derive considerable ad-
vantage from injections, compound of barley wa-
ter, decoction of starch, and other mucilaginous and
nutritious substances.

We should be particularly attentive with
respect to the diet of the patient, in this affec-
tion. In the violence of the disease, it should

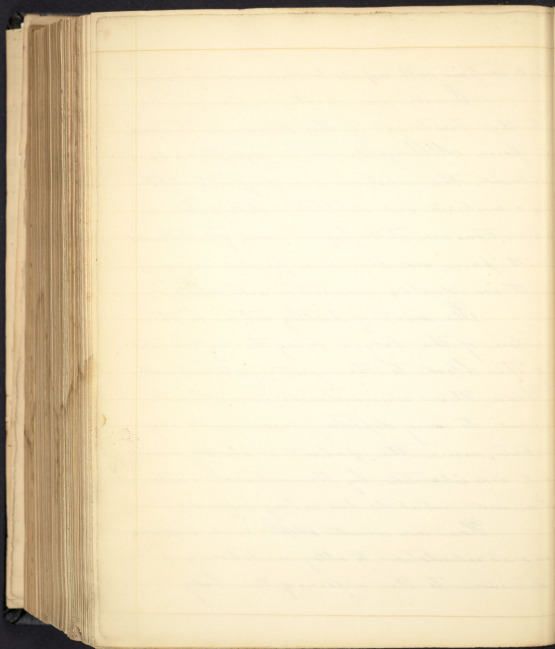


consists of barley water, rice, arrowroot, sage, gualy
flower boiled in milk etc etc. The drinks should
be mild and mucilaginous, as pears, toast and
water, and flavoured tea. When the disease has exist-
ed for some time, attended with great prostration
and debility, a more nourishing diet may be allowed,
as light broths, jellies etc etc.

There should always be, if possible, perfect
cleanliness, and a free circulation of pure air, in the
apartment of the patient.

Persons in a state of convalescence should al-
ways be warmly clothed, and should expose them-
selves as little as possible to the exciting causes of
the disease. It is desirable that waistcoats or draw-
ers of flannel should be worn next to the skin.

With regard to the prophylaxis, I shall more-
ly state, that all persons, who are liable to an at-
tack of this disease, should studiously avoid those
causes, which are most apt to produce it; and that
above all other things, they should be particu-

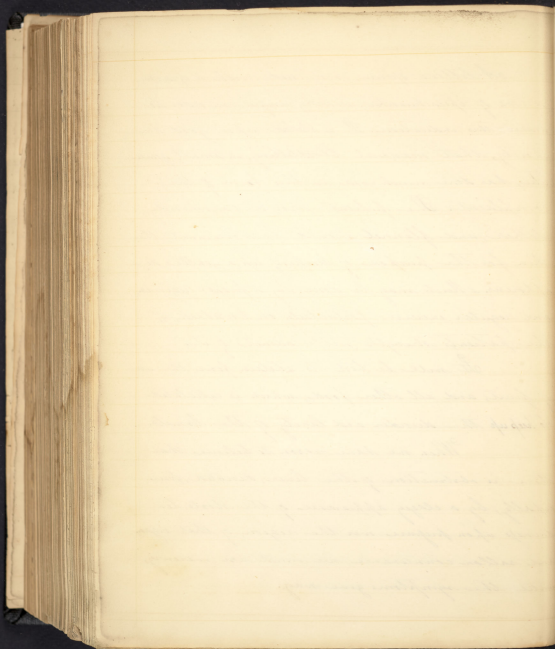


berly cautious with respect to their mode of living,

I will now devote a few remarks to the treatment of this disease in its chronic form. Although the acute symptoms have subsided, the intestines are frequently kept in a weakened and debilitated state. The evacuations are still frequent, and often attended with pain; and the skin parched and dry, with considerable emaciation and debility.

The want of healthy action on the surface of the body, is owing to confinement of the blood to the great vessels internally. Under these circumstances, it will not answer to carry depletory measures to any extent; since the patient is already worn out and exhausted, by the continual irritation, under which he has so long suffered.

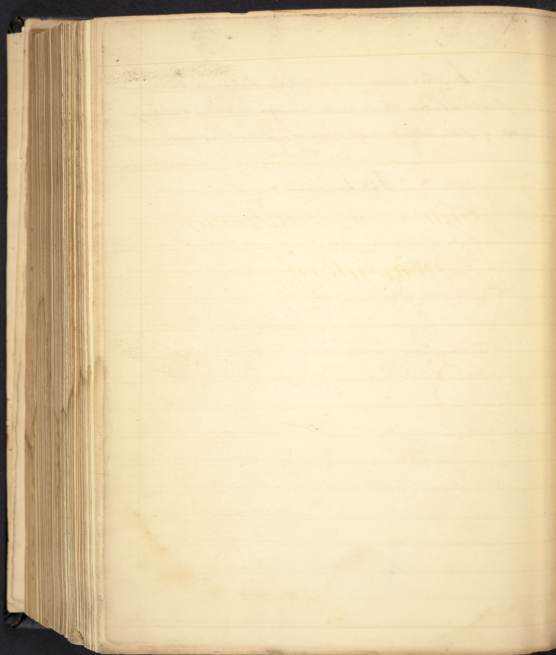
Here we must adopt such measures as are calculated to allay irritation, and determine to the surface of the body.



A little opium, combined with a grain
or two of ipecacuanha, is very useful, in order to
answer this indication. It is stated upon good au-
thority, that occasional bloodletting, in small quan-
tities, has done much good in this form of the
complaint. The patient should be warmly
clothed, and flannel should be worn next the
skin, for the purpose of keeping up a gentle di-
aphoresis. Much may be done by a proper regimen,
and regular exercise, particularly on horseback, if
the patient's strength will admit of it.

It will be best to abstain from the use
of fruits and all other food, which is calculated
to keep up the disorder and laxity of the bowels.

When we have reason to believe that
there is obstruction of the liver, denoted, prin-
cipally, by a clayey appearance of the stools, ten-
derness upon pressure over the region of that organ,
and sallow countenance, we must use mercury,
until the symptoms give way.



In this case, the blue pill is the
best preparation to which we can resort, according
to some of our most experienced practitioners.

Finis.

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